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APPLICANTS

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** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 0031654.7 12/23/2000 *f.b.*

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Verified and Acknowledged	<i>Rodolph Beaudouin</i> Examiner's Signature <i>f.b.</i> Initials				

ADDRESS

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TITLE

Apparatus for the diagnosis and therapy of neuro-muscular and other tissue disorders

FILING FEE RECEIVED 534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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